# REQUEST FOR FIREWALL ACCESS
# FORT KNOX CAMPUS AREA NETWORK

For use of this form, see AR 25-2.

| 1. ORGANIZATION NAME/LOCATION: | 2. SYSTEM NAME AND ACRONYM: | 3. IASO NAME/PHONE NUMBER: |
|---|---|---|

| 4. PRIMARY POINT OF CONTACT (Local): | 4a. E-MAIL: | 4b. PHONE NUMBER: |
|---|---|---|

| 5. PRIMARY POINT OF CONTACT (External): | 5a. E-MAIL: | 5b. PHONE NUMBER: |
|---|---|---|

**6. DURATION OF CONNECTION:**

From:                     To:

**7. ACCREDITATION INFORMATION ON RECORD:**

Yes ☐          No ☐

**8. EXTERNAL CONNECTION(S) REQUIRED:** (List the IP address/range of the source (KNOX) and destination devices)

| Source IP | Subnet Mask | Destination IP | Subnet Mask |
|---|---|---|---|
| | | | |
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| | | | |

**9. PORTS/PROTOCOLS:** (List the ports/protocols required for operation and communication)

| Port | Protocol | Port | Protocol |
|---|---|---|---|
| | | | |
| | | | |
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## 10. CONNECTION AGREEMENT

The connection requested is required for official government business.

Connection to the Fort Knox Campus Area Network constitutes consent to monitoring. Initial and/or periodic vulnerability assessments may be conducted on any connected system.

System owner agrees to adhere to all Army and Fort Knox Information Assurance policy.

In cases of security violations or uncoordinated reconfigurations affecting the network security posture, the system will be immediately disconnected from the network and the user identified above will be notified.

**Certification and Acknowledgement:**

Activity/Unit Information Assurance Officer
(Typed Name and Signature)

_____

Date: _____

**FK FORM 5071-E, DEC 04**

V1.00